

APPLICATION for ADMISSION

NOTE: The college is asking you to provide information that includes private and/or confidential information under state and federal law. The college is asking for this information in order to process your application. You are not legally required to provide the information requested; however, the college may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent: to other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release; to federal, state or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of, financial aid; to your parents, if your parents claim you as a dependent student for tax purposes; if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law; and to an organization engaged in educational research or accrediting agency.

Application for: Fall Semester Spring Semester Summer Year _____
 (Please indicate which semester you plan to start taking classes.)

I plan to attend: Full time (12 or more credits) Part time (fewer than 12 credits)

Please type or print clearly. It is important to complete both sides of the application.

Full Name: _____
Last First Middle

Permanent Mailing Address: _____
Address City County State ZIP

Present Address: (Until _____) _____
Address City County State ZIP

Home Phone: (____) _____ Cell or Business Phone: (____) _____

Email: _____ Social Security Number (optional): _____ - _____ - _____

Many colleges/universities use Social Security numbers for student identification purposes on student records. Providing your Social Security number is voluntary. If you do not provide this number, your application will still be processed. This data is requested for purposes of administration, program evaluation and consumer and alumni data. Your number also may be used to create summary information about MnSCU programs through data matches with other state agencies.

Required for Admission:

- High School Transcript/GED Transcript Transcript enclosed Transcript will follow
- Medical Immunization Record Medical record enclosed Medical record will follow

Note: No action can be taken until transcripts have been received by Itasca. Please request official transcripts be forwarded from all schools attended.

Please check which applies to you:

- I am currently attending: _____
Name and location of high school Year of expected graduation
- I am a high school graduate: _____
Name and location of high school Year graduated GPA
- I have completed a GED: _____
State where GED earned Year received
- None of the above.

What is your current educational intent at this institution?

- Complete courses, but not a degree Earn associate (two year) degree Earn associate (two year) degree and transfer
- Earn occupational certificate, diploma Complete courses and transfer without a degree

Do you have a: two year degree four year degree post graduate degree?

(If yes, please contact each institution and request that official transcripts be sent directly to Itasca Community College.)

Please list any college, university or technical school you have attended.

Institution	City/State	Dates attended	Credits completed or received

MAIL to: Admissions/Records Office
 Itasca Community College
 1851 E Hwy 169
 Grand Rapids MN 55744-3397
 Ph. 218-327-4468 or 1-800-996-6422



P S E O

Admission to Itasca Community College is granted without regard to race, color, creed, religion, national origin, sex, age, marital status, public assistance status, veteran status, sexual orientation, or disability. This institution abides by the provisions of Title IX, federal legislation forbidding discrimination on the basis of sex, and by all other federal and state laws regarding equal opportunity. Alternative format available upon request, 218-327-4167/TTY.

Your anticipated major field of study: _____

The academic programs listed below have specific admittance requirements. If you are considering enrolling in one of them, please indicate which one:

- Class Act-Education Practical Nursing RN Transfer
- Natural Resources *Check options that interest you:*
 - Forestry Law Enforcement Geographic Information Systems (GIS) Wildland Firefighting

Possible career occupation: _____

WHO or WHAT prompted your interest in Itasca?

- parents
- relatives
- friends
- counselor
- ICC representative
- ICC student
- ICC literature
- instructor visited my class
- ICC website
- direct mail information
- radio advertising
- newspaper advertising
- ICC alumnus
Name of alumnus: _____
- Other _____

What interests you *MOST* about our college?

Residency:

1. In which state is your residence located? _____
2. If Minnesota, how long have you lived here? _____

Are you a U.S. citizen? yes no

If not, type of visa: _____
(International students and non-immigrants must complete a separate application form.)

Permanent Resident (if applicable):

- Refugee Resident Alien Other: _____

Request for Confidential Information

Providing the following information is voluntary. This information will assist Minnesota State Colleges and Universities in evaluating student recruitment and retention policies; it will not be used as a basis for admission.

Gender Male Female

Are you Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? yes no

Race and ethnic background (select any that apply)

- American Indian or Alaska Native
A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment.
- Asian - *A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent*
- Black or African American - *A person having origins in any of the black racial groups of Africa*
- Native Hawaiian or Other Pacific Islander - *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*
- White - *A person having origins in any of the original peoples of Europe, the Middle East or North Africa*

What is the highest level of education for your parent(s)/guardian(s)?

Please respond for the parent(s), step-parent(s), adoptive parent(s) or guardian(s) who raised you. Check only one box for each parent/guardian.

Parent/Guardian #1

No high school diploma	High school diploma	Some college	Two-year college degree/diploma	Bachelor's degree or higher	Not sure/don't know
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Parent/Guardian #2

No high school diploma	High school diploma	Some college	Two-year college degree/diploma	Bachelor's degree or higher	Not sure/don't know
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Name of Parent/Guardian/Spouse (please circle). Give both parents' names.

_____	_____	_____
Name	Address	City/State/ZIP

_____	_____	_____
Name	Address	City/State/ZIP

I certify that the information I have provided on this application and in all admission application materials is complete, accurate and true to the best of my knowledge. (Application must be signed and dated.)

_____	_____
<i>Applicant's signature</i>	<i>Date</i>

ITASCA COMMUNITY COLLEGE DEAN'S LIST

Each semester Itasca Community College submits the Dean's List (Honors, 3.25-3.49 GPA; High Honors, 3.50-4.00 GPA) to the *Grand Rapids Herald-Review*. If you'd like your name submitted to another hometown newspaper, please indicate below:

Newspaper Name _____ City/ZIP/County _____ / _____ / _____